USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

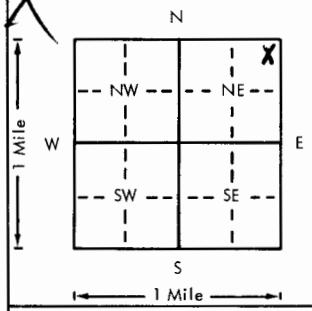
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	SUMNER	NE 1/4 NE 1/4 NE 1/4	5	T 30 S	R 1E E/W

2. Distance and direction from nearest town or city:
Street address of well location if in city: 12017 Crow Lane Peck, Kansas

3. Owner of well: Steve Hobbs Construction
R.R. or street: 2544 Lulu
City, state, zip code: Wichita, Kansas

4. Locate with "X" in section below: Sketch map:



6. Bore hole dia. 11 in. Completion date ____
Well depth 45 ft. 5-24-78

7. __ Cable tool X Rotary __ Driven __ Dug
__ Hollow rod __ Jetted __ Bored __ Reverse rotary

8. Use: __ Domestic __ Public supply __ Industry
__ Irrigation __ Air conditioning __ Stock
X Lawn __ Oil field water __ Other

9. Casing: Material styrene Height: Above or below ///
Threaded ____ Welded gl Surface 12 in.
RMP X PVC ____ Weight ____ lbs./ft.
Dia. 5 in. to 45 ft. depth Wall Thickness: inches or
Dia. ____ in. to ____ ft. depth gage No. .200

5. Type and color of material	From	To
Topsoil	0	3
Clay	3	11
Fine Sand	11	20
Medium Sand	20	45

(Use a second sheet if needed)

10. Screen: Manufacturer's name Sunflower Plastic
Type styrene Dia. 5"
Slot/gauze .06 Length 30'
Set between 15 ft. and 45 ft.
____ ft. and ____ ft.
Gravel pack? yes Size range of material ¼-1/8"

11. Static water level: mo./day/yr.
15 ft. below land surface Date 5-24-78

12. Pumping level below land surfaces:
____ ft. after ____ hrs. pumping ____ g.p.m.
____ ft. after ____ hrs. pumping ____ g.p.m.
Estimated maximum yield ____ g.p.m.

13. Water sample submitted: mo./day/yr.
__ Yes X No Date ____

14. Well head completion: capped
__ Pitless adapter 12 Inches above grade

15. Well grouted? yes 1-2Fine Sand Mix
With: ____ Neat cement ____ Bentonite X Concrete
Depth: From 40" ft. to 14 ft.

16. Nearest source of possible contamination:
ft. ____ Direction ____ Type NONE
Well disinfected upon completion? X Yes ____ No

17. Pump: X Not installed
Manufacturer's name ____
Model number ____ HP ____ Volts ____
Length of drop pipe ____ ft. capacity ____ g.p.m.
Type:
__ Submersible __ Turbine
__ Jet __ Reciprocating
__ Centrifugal __ Other

18. Elevation:
Topography:
__ Hill
__ Slope
__ Upland
__ Valley

19. Remarks: Flat Ground
Septic system not installed at this time.
No apparent source for contamination.

20. Water well contractor's certification:
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.
Business name Harp Well & Pump License No. 236
Address Wichita, Kansas 67209
Signed M. Arnold Date 7-17-78
Authorized representative

T 30 R 1 E W Sec 5 1/4 NE 1/4 NE 1/4 NE

Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5

M1-1023